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Implementing SexEd programs for persons with disabilities: A Survey of Teachers' Views

تطبيق برامج التربية الجنسية للأشخاص ذوي الإعاقة: مسح آراء المعلمين

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Abstract

The aim was to investigate teachers' views regarding implementing SexEd programs for persons with IDs. Teachers' views regarding implementing SexEd programs for persons with IDs was studied. Teachers must be teaching in special education, both sexes (males and females). Participants were 180 teachers (females, $n=30$, 16.6%, and males 150, 83.4%). No differences were found between the two sexes in their responses towards implementing SexEd programs for persons with IDs. Teacher's age had significant effect on respondents' responses towards implementing SexEd programs for persons with IDs. Old teachers had positive responses towards implementing SexEd programs for persons with IDs.

Key words: SexEd programs. persons with IDs. Teacher's age. Years of experience.

Introducción

Sex instinct is important for the preservation of offspring and the continuation of life, and instinct means the vital motive for the activity of the organism to maintain its survival and satisfy its needs (Schmidt et al., 2021). The libido is defined as the human sexual drive to maintain its survival and continuity. In the event that this impulse is not satisfied in a proper manner that is consistent with instinct and religious and social controls, sexual problems occur. In order to confront and limit these problems, Western reformers and educators ended up with what is

المستخلص

هدفت الدراسة الى مسح آراء المعلمين فيما يتعلق بتنفيذ برامج التربية الجنسية للأشخاص ذوي الإعاقة العقلية. تمت دراسة آراء المعلمين فيما يتعلق بتنفيذ برامج التربية الجنسية للأشخاص ذوي الإعاقة العقلية. ينبغي أن يكون المعلمون ممن يعملون بالتدريس في التربية الخاصة من الجنسين (ذكور وإناث). كان المشاركون 180 معلمًا (إناث، $n=30$ ، 16.6%، ذكور 150، 83.4%). أشارت النتائج إلى عدم وجود فروق بين الجنسين في استجاباتهم تجاه تنفيذ برامج التربية الجنسية للأشخاص ذوي الإعاقة العقلية. كان لسن المعلم تأثير كبير على استجابات المستجيبين تجاه تنفيذ برامج التربية الجنسية للأشخاص ذوي الإعاقة العقلية. كان للمدرسين القدامى ردود فعل إيجابية تجاه تنفيذ برامج التربية الجنسية للأشخاص ذوي الإعاقة العقلية.

الكلمات الدالة: برامج التربية الجنسية للأشخاص ذوي الإعاقة العقلية. الأشخاص ذوو الإعاقة العقلية. عمر المعلم. سنوات من الخبرة

known recently as sex education (Kammes et al., 2020)

Sexual education is a comprehensive psychological process that aims to bring about the greatest change and discipline in misconceptions and inherited ideas related to sexual concepts, in order for society to understand social relations on a sound scientific basis (Kürtüncü & Kurt, 2020). Or it is the kind of education that provides the individual with scientific information, good experiences, and

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sound attitudes towards sexual issues (Quesado et al., 2022).

Parents play a major role in deciding the amount of information that needs to be provided to children at any stage of their development, and their role undoubtedly comes supported by the role of the school or educational institution (Kürtüncü & Kurt, 2020), which would teach their children the anatomical structure of the reproductive system, which helps them understand its vital and physiological functions, and this in turn it helps them realize the extent of the privacy of their bodies, and the school or educational institution must clarify the physical changes that occur to the individual during the various stages of his development and the attendant transitional, psychological, and social changes before these changes start to occur. The school also works to strengthen moral values and social standards, clarify ways of free time and explain various sexual diseases and their expected dangers (Sala et al., 2019).

Aim of the study

The aim was to investigate teachers' views regarding Implementing SexEd programs for persons with ID.

Problem statement

The literature indicates that the role of the family and school in providing information on sex education is weak, because there is a belief that talking about sex and sexual issues is dangerous to avoid. It stimulates sexual desire in children and adolescents, and may push them to satisfy their needs in immoral ways (Frank & Sandman, 2019; Grove, Morrison-Beedy, Kirby & Hess, 2018; Sala, Hooley, Attwood, Mesibov & Stokes, 2019; Schmidt, Robek, Dougherty, Horstman & Darragh, 2020).

Hypotheses

1. Differences will be found between both sexes in their responses towards implementing SexEd programs for persons with IDs.
2. Old teachers will have positive responses towards implementing SexEd programs for persons with IDs.
3. More experienced teachers will have positive responses towards implementing SexEd programs for persons with IDs.

Literature Review

Sex Education For Individuals with ID

Individuals with IDs are limited in their intellectual functioning and adaptive behavior (Soliman, 2015; Ćwirynkało et al., 2016; Eissa and ElAdl, 2019).

Children who have an IDS have more behavioural and sexual problems than children who do not have a disability. Despite this, it is wrong to imagine that the images of inappropriate sexual behaviour issued by people with mental disabilities are an inevitable result of mental deficiencies, and that they cannot be modified or prevented from appearing (Anna et al., 2018). The majority of abnormal sexual behavior is learned or acquired in light of people with IDs living with certain experiences and environmental conditions, and therefore modifying these conditions and providing alternative experiences help achieve two goals, the first is to get rid of forms of abnormal sexual behaviour, and the second is to teach normal sexual behaviour (Travers et al., 2014). This amendment is regulated by specific scientific foundations, requirements, procedures and techniques, organized within the framework of what is termed sexual education for persons with mental disabilities (Travers & Tincani, 2010).

Topics of SexEd for persons with IDs include knowing one's own gender, determining the gender of other people, using male or female terms, using the toilet correctly, using appropriate gender pronouns, knowing the anatomical structure of both sexes, and naming three terms for the reproductive system (Sparks, 2004). Male, naming three terms specific to the female reproductive system, correct knowledge of the age of puberty for females, correct knowledge of the age of puberty for males, possession of information about the sexual relationship between male and female, knowledge that the sexual relationship between both sexes may lead to pregnancy, general information about sexual relations, information about masturbation (McDaniels & Fleming, 2016), correct knowledge of birth control, correct knowledge of venereal diseases, information about same-sex relations, correct information about love, correct information about marriage, correct information about the responsibilities of spouses, correct information about laws related to sex, and responsibility for sexual activity (Pownall et al., 2012).

Sex education helps people with mental disabilities protect themselves from sexual assault and harassment. Sex education for persons with mental disabilities is also necessary to prevent illegal pregnancies of girls with intellectual disabilities, to prevent the occurrence of sexually transmitted diseases, and also to promote adherence to social norms of sexual behaviour (Skarbek et al., 2009). There is a study that emphasized the importance of sexual education provided by counsellors to persons with mental disabilities, to promote sexual health for them, and that this education requires the person carrying it out to be able to implement sexual education programs in proportion to the age stages of people with mental disabilities (Holmes et al., 2014), starting with basic concepts in childhood, and then talking about the ability of people with mental disabilities to express Sexual life in proportion to their mental age in adolescence. and their ability to adhere to social and ethical standards regarding their sexual behaviour in adulthood, which helps to integrate them into society (Brown-Lavoie et al., 2014).

Methodology

The main focus was on teachers' views regarding implementing SexEd programs for persons with ID.

Table 1.
ANOVA for differences in teachers' views.

	Sum of Squares	df	Mean Square	F.	P
Between Groups	1,154	2	0,385		
Within Groups	42,536	177	0,367	1,948	0,374 not sig.
Total	43,681	179			

The second hypothesis states " Old teachers will have positive responses towards implementing SexEd programs for persons with IDs.)." ANOVA was used As shown in table 2, the F-value was less than the alpha level $P = 0,012 <$

Table 2.
ANOVA for differences in teachers' views.

	Sum of Squares	df	Mean Square	F.	Sig.
Between Groups	22.996	3	4,599		
Within Groups	71,942	176	2,35	19,56	0,012 sig.
Total	94,938	179			

Participants and procedure

A convenience sampling method was used. Teachers must be teaching in special education, both sexes (males and females). Teachers could access the questionnaire electronically. They should answer the questions. Respondents were 180 teachers (females, $n = 30$, 16.6%, and males 150, 83.4%).

Instrument

The questionnaire contained 22 items. Demographic information was included. The five-point Likert scale was used to score the research tool. The instrument had a good degree of reliability and validity. Cronbach alpha reliability coefficient was 0.87.

Results and discussion

The first hypothesis stated that "differences will be found between both sexes in their responses towards implementing SexEd programs for persons with IDs ". ANOVA was used regarding the teachers' views. The results are shown in table1. As shown in table 1, F-value was greater than the alpha level $P = 0,374 > 0.05$. Therefore, differences were not found between both sexes in their responses towards implementing SexEd programs for persons with IDs.

0.05. Hence, teacher's age had significant effect on respondents' responses towards implementing SexEd programs for persons with IDs.

The third hypothesis states " More experienced teachers will have positive responses towards implementing SexEd programs for persons with IDs ", ANOVA was used. As shown in table 3 the F-value was less than the alpha level $P =$

$0.013 < 0.05$. Hence, experienced teachers had positive responses towards implementing SexEd programs for persons with IDs.

Table 3.
ANOVA for differences in teachers' views.

	Sum of Squares	df	Mean Square	F.	Sig.
Between Groups	86.35	3	43.18		
Within Groups	1181.43	176	9.60	4,50	0,013 sig.
Total	1267.78	179			

The aim was to investigate teachers' views regarding Implementing SexEd programs for persons with ID. The first test hypothesis stated that differences will be found between both sexes in their responses towards implementing SexEd programs for persons with IDs. Results indicated that differences were not found between both sexes in their responses towards implementing SexEd programs for persons with IDs. Though some authors (e.g., Ionescu et al., 2019), it was found that the male participants in our sample were more open towards communicating with children about sexuality topics than the female gender participants. Thus, it can be said that both male and female participants in this study appeared to be less influenced by restrictions imposed by our society regarding talking about sex.

The second test hypothesis stated that "Old teachers will have positive responses towards implementing SexEd programs for persons with IDs". Results indicated that teacher's age had significant effect on respondents' responses towards implementing SexEd programs for persons with IDs. The majority of young teachers find that they are not competent enough to teach sexuality of persons with IDs (Meaney-Tavares and Gavidia-Payne, 2012).

The third test hypothesis stated that "More experienced teachers will have positive responses towards implementing SexEd programs for persons with IDs". Results indicated that experienced teachers had positive responses towards implementing SexEd programs for persons with IDs.

It is clear that the attitudes of experienced teachers are more positive than those of inexperienced teachers towards teaching sexual education topics. This may be due to the fact that more experienced teachers are more familiar

with persons with mental disabilities, and may have positive attitudes towards them more than others compared to teachers with less experience. This matter needs more research and study (Tamas et al., 2019).

Conclusion

The majority of abnormal sexual behaviour is learned or acquired in light of people with IDs living with certain experiences and environmental conditions, and therefore modifying these conditions and providing alternative experiences help achieve two goals, the first is to get rid of forms of abnormal sexual behaviour, and the second is to teach normal sexual behaviour.

Recommendations

SexEd must be a continuous process, not limited to a certain age, but starting from childhood and then continuing during and during adolescence until adulthood and before, during and after marriage. SexEd must be at home, at school, at the university, and in family planning institutions, so that these aspects are integrated. For example, the school should fill in the gaps that remain from SexEd in the home. The use of some scientific films specialized in growth and reproduction, followed by a discussion period. It is better to use whatever images, drawings and models are available, and it is preferable if it is possible to visit some medical exhibitions and museums. It is useful to visit zoos and the countryside where life, pollination, eggs, hatching and reproduction between birds and animals in an atmosphere free from human emotional complexities. Simple books that explain the primary principles of SexEd must be prepared to be accessible to parents and educators.

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